## The

### **Descendants**

of

## JEROME RYAN

(OF OCEAN SPRINGS, MS)

By
Darlene Krohn

Social Security Death Index: U.S., 1937-1995

Knecht, Melvin

Birth date : Aug 31, 1918

Iss.: LA

Death date : <u>Sep 1974</u> SS# : 439-14-6505 Residence code : TN

Zip code of last known residence: 38103

Memphie / Shelling Co Dept of Health Health Dir of Vital Statistics 814 Defference 5t. Normphies 25105 (all + 701-576-7691

#### KLAK

George (Ira & Mary O'Neil) bn. 13 Jan. 1871, bp. 15 Jan. 1871, spo. Bertholomious Caseaux & Mary Elizabeth Fayard, (BVM-2, 558)

#### KLEINGSHAUM

T. (parents omitted) m. 25 Sept. 1889 Bridget E. WHITCHY (parents omitted) wit. Charlee Young & Mrs. Ella Young, (OLV-1, 319)

#### KNECHT

Artha Mendolien (Vincent & Mary Jones) bn. 16 June 1877, bp. 15 July 1877, spo. Mendolien Figenschut & Louisa Knect, (BVM-2, 788)

#### KNOX

Catherine (John & Elizabeth Bowner) bn. 8 Apr. 1870 (New Orleans), bp. 25 Sept. 1898, spo. Camille Taconi, (BVM-7, 628)

Catherine (parents omitted) m. 2 Oct. 1898 Anthony THIEN (parents omitted) wit. Mrs. Taconi, (BVM-5, 136)

Frederic (parents omitted) m. 10 May 1900 Marguerite Allergrate (parents omitted) wit. Mrs. Joanies & Ida Hudson, (BVM-5, 164)

Margaret (Charles & Mary Seals) m. 29 Nov. 1867 Leopold BITTERWOLF (Charles & Catherine Kin) wit. Margaret McDonnel & Elisabeth Jane Anderson, (SA-A, 504)

William Francis (William & Margaret Algret) bn. 10 Dec. 1890, bp. 25 Jan. 1891, spo. John Knox & Ellen Algret, (BVM-6, 604)

#### KOHL

Mrs. Mamie, aged 30 yrs., d. 15 Nov. 1892, (BVM-2, 1168)

#### KOLLEN

Walter (Reinhard & Sophy) m. 27 Dec. 1893 Rose BONNET (Lorenzo & Anna) wit. John Krebs & Andrew A. Field, (OLV-3, 26)

#### KOLOEIN

Gertrude Alfreda (Walter) bn. 7 June 1896, bp. 23 Dec. 1896, spo. Walderio Gillot & Antonia Buanet, (OLV-2, 396)

#### KOTACZ

Marianna (Baltimore, MD) (Joseph & Anna Karas) bn. 26 Mar. 1900, bp. 1 Apr. 1900, spo. Joseph Cieslaket & Agnes Wojcicohowska, (BVM-7, 753)

#### KOWALSKI

John (parents omitted) m. 28 Jan. 1896 Mary FRANIWACKE (parents omitted) wit. Adolph Jos. Price & Frederick Knopp, (BVM-5, 101)

#### KOWSKI

Mary (James & Julienna) bn. 14 Nov. 1897, bp. 28 Nov. 1897, spo.
John Spohacz & Frances Kameliaska, (BVM-7, 536)

#### KRAMER

Peter J. (parents omitted) m. 30 Aug. 1891 Marie E. CUGGY (parents omitted) wit. John McMahon, J. B. Bousquet, (BVM-5, 35)

#### KRAUTER

Albert Davis (Louis & Marie Armina Fayard) bn. 26 June 1881, bp. 27 Aug. 1881, spo. Bertrand Bordage & Olivia Thomas, (BVM-6, 116)

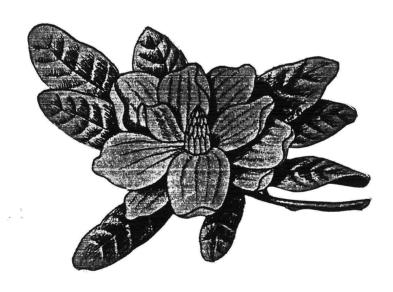
## State of Louisiana

#### Parish of Jefferson

. parting or section to
No. 2161.
Be it Remembered, that on this wenty seventh (27th) day
of July 1942 by virtue of a written License to me
directed by VICTORIN A. PITRE, Clerk, Twenty-Fourth Judicial
District Court in and for Jefferson Parish, I, the undersigned,
GEORGE J. TRAUTH
First Justice of the Peace in and for Jefferson Parish, State of Louisiana, did celebrate the
BONDS OF MATRIMONY
is a turnia let to a second spile on 1.1 : - in evid
between instruction MELVING THE KNECHT.
and BERTHA J. ALVEREZ.
in the presence of certain chosen witnesses, whom, with the married parties, I have caused to
sign this instrument in duplicate at the place and on the date above written, one copy of which
is returnable to said Court to be filed and recorded therein as evidence of said fact, and in
compliance with law.
Milie Helbert Mucht Married Parties  Beilla Josephina Ahaer Mr. L. Lovelady  Wilnesses. Mias Margaret Smith  Les Minister of the Peace, Parish of Jefferson, La.  Niss (who has - Lovelady 50)
ĸŔĸĸŔĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ

# CATHOLIC CHURCH RECORDS DIOCESE OF BILOXI, MISSISSIPPI

#### Volume I



1991

Hilda, Mabel, and Carl Ryan. The census states that 7 children were born with three living with them.

Children:

- i Anthony Harro Ryan born 19 Dec 1889, Bap. 12 Jan 1890, Ref. SA-A.
- ii Violet Antoinette Ryan born 28 Apr 1891, Bap. 17 May 1891, Ref. SA-A.
- iii Hilda Theresa Ryan born 25 Aug 1892, Bap. 18 Sep 1892, Ref. SA-A.
  - iv Mabel Ryan born May 1894.
  - v Charles Ilonzo Ryan born 20 Dec 1897, Bap. Aug 1897, Ref. SA-A.
- vi Leon Joseph Ryan born 15 July 1900, Bap. 11 Aug 1900.
- 114. vii Sidney Joseph Ryan born 1901.
  - viii Angus Ryan born c 1903.
    - ix Robert Ryan born c 1905.
    - х Marjorie Ryan born с 1907.
    - xi Paul Ryan.

40. Charles Richard Ryan born 20-Apr-1872, Ocean Springs, Jackson Co., MS, Ref. obit/own, married Iona Knecht, born Feb 1881, La, Ref. 1920 Jax Census, died before 1920. Charles died 29 Jan 1932, OCEAN SPRINGS, MS, buried Bellande Cemetery Ocean Springs, Ms. Charles Ryan is a widower living with his two children on the Jackson County census. He is living in the household of his mother-in-law Mary Knecht, who is also a widow. Iona: Iona Knect is the daughter of Vincent and Mary Knecht. They are listed on the 1900 Harrison Cty census with children Iona, Vincent Jr. and Lawrence.

Children:

- i Robert Ryan married 25 Mar 1929, Lorena Josephine Pavolini, (daughter of Jules C. Pavolini and Arena Malley).
- ii Lyle Ryan born c 1909.
- 41. William Edward Ryan born 13-Feb-1877, Ocean Springs, Jackson Co., MS, Ref. obit/own, Occ. Biloxi Yacht Club keeper, married Theodora "Dora" Vuyovich, born 26 Jun 1886, BILOXI, MS, died 25 Nov 1944, BILOXI, MS, buried Biloxi Cemetery, Biloxi, Ms. William died 2 Dec 1925, BILOXI, MS. William Edward Ryan served in the Spanish American War. He was in Co. A, 5 US Vol. Infantry according to his tombstone. Children:
  - i Olivier Ryan born c 1907, married 17 Dec 1927, in Harrison County, Ms, Velma Lamey.
  - ii Marshall Joseph Ryan born 22 Apr 1910, BILOXI, MS, died 14 Mar 1930, BILOXI, MS, buried Biloxi Cemetery, Biloxi, Ms.
  - iii Theodora Ryan born c 1914.
  - iv Rayoal M. Ryan born c 1917.
  - v Willie Ryan.
- 42. James Arthur Ryan born 28 July 1878, Ref. Obit/own, married 23 Nov 1898, Josephine Pons, born 3 July 1878, Bap. 20 July 1878, (daughter of Bartholomew Pons and Marie Westbrook) Ref. SA-A. James died 11



	MIS	SSISS	IPPI			OARD	OF	HEA	LTH	4
					in the same and th	OF BIRTH				
Coun	17 of	lack	en En	elvin	Men &	Place Oper	an wht	Sfrum	gs	
di	ale, or	4. Twie		Number is of bir	n ceder th?	5. Is this a legiti- mate child? Men		nto of retail of eagure (Month)	£ 31	19 /8/ Year
7. 1	Pull / Name / Address s	rwiem		ne Ame Spring	1000 15 10	13. Full Name Before Marria 14. Address at time of this 3	. Sele	MOTHER MONO ON	1.	
11. 1	Deler . hy Where Sera?	hile New C	Ago to	to Mrth 20	5 ma	15. Color Whu  17. Where Born? CN  18 Occupation at		Ago at the of this bir	23	1
	t time of	children b this birth, ling this bi	a	moder		of this birth  20. Number of the at time of the and counting	is birth,	.a.l	28	
State	Relation 4011:	to Ohlid	ENISH	ienseer Inclu Oclean	· ·	(Signed) G A	thild O	Autore	y fa	mrev
name who	being by	me first	duly swor	n say tijat ti	8	and & ite	Marte	rer 4	anm	er !
OM	eloin	Karel	for Sin	reset		form & Noton	efore me	this the	16 d	
(SEA	AL) e and ad	dress of par	ty sending	in this Certif	licate The	a Laurence	حہ کے ر	B. noch &	~	
7000000		क्षेत्रक स्त्र प्रश्नामा अंकाकृत्य				The second secon	-			england in our production of M
THIS IS	TO CERT	FY THAT TH	E ABOVE IS	A TRUE AND		PY OF THE CERTIFI	CATE ON F	ile in this o		1111111111

BIRTH NO.	436.	TENNES:	ITICALI SEE DEPARTME ISION OF VI	NT OF PUE	BLIC	HEALTH			6288
DECEASED - NAME	PIRST	MIDO		TAST				EATH IMONTH,	
	ELVIN	Herbe		KNECH				MBER 7	
RACE WHITE, NEGRO, AMERICAN I		AGE - L	(YEARS) MOS	R I YEAR	HOU	ER 1 DAY		IRTH IMONTH,	
3. WHITE	4. MALE	50. 56			5c.				L, 1918 Institution — <i>NAM</i>
C	HELBY		VN, OR LOCATION O	OF DEATH	ISPECI	FY TES OF HOT	HOSPITAL	OR OTHER	MPATS"HOSPI
STATE OF BIRTH (IF NOT IN U.S.		7b.	MARRIED, NEVE	MARNER	7c.				
NAME COUNTRY) 8. Mississipp		SI COUNIEI	WIDOWED, DIVO	MARRIED, PRCED ISPECIPI JOYCEO		0.	FOUSE (IF)	WIFE, GIYE MAJI	DEN HAME)
SOCIAL SECURITY NUMBER	SERVICE IN ARME	D FORCES	USUAL OCCUPAT	ION IGIVE KIN	D OF W	ORK DONE DUR	HE KIND	OF BUSINESS	OR INDUSTRY
12a. 439-14-650	5 ISPECIFY WAR OR	DATES OF SERVICE)	MOST OF WORKIN	LIFE EVEN IF	RETIRE	Artist	.		
RESIDENCE — STATE	D 12b.		CITY, TOWN, OI		11 /			EET AND NUM	160 🚓 🖫
TENNESSEE		LBY,	MEM!			ISPECIFY YES			PEA BODY
FATHER - NAME		THER - MAIDEN		INFO	ORMA				MAILING ADDRESS T
Lawrence K	necht	Un	known						893 E.Par
/13:	116.								
	CAUSED BY: IMMEDIATE CAUSE (a) BUE TO, OR AS A CONSEQUE	intiv	LENTER ONLY ON						APPROXIMATE IN SETWEEN ONSET AN
CONDITIONS, IF ANY	IMMEDIATE CAUSE	native Coff							APPROXIMATE IN
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (a). STATING THE UNDER. LYING CAUSE LAST	IMMEDIATE CAUSE  (a) LLSS  BUE TO, OR AS A CONSEQUE  (b) LSS  BUE TO, OR AS A CONSEQUE  (c)	nce of:	enter only on a Pa ereby	e CAUSE PE LUM Ca	e UNI	FOR (a), (E		on some	APROXIMATE IN
CONDITIONS, IF ANY, () () WHICH GAVE RISE TO () () () TATION THE UNDER LYING CAUSE LAST	IMMEDIATE CAUSE  (a) LLSS  BUE TO, OR AS A CONSEQUE  (b) LSS  BUE TO, OR AS A CONSEQUE  (c)	nce of:	enter only on a Pa ereby	e CAUSE PE LUM Ca	e UNI	FOR (a), (E			APROXIMATE IN BETWEEN ONSET AN
CONDITIONS: IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (G), STATING THE UNDER- LYTING CAUSE LAST PART II. OTHER SIGNIFICANT C	IMMEDIATE CAUSE  (d)	NCE OF:	enter only on a Pa ereby	C CAUSE CHY	R LINI	E FOR (a), (E	(c)), and (c))	AUTOPSY (YES OR MO)	APROXIMATE IN BETWEEN ONSET AN
CONDITIONS, IF ANY, I WHICH GAVE RISE TO IMMEDIATE CAUSE (9), STATING THE UNDER LYING CAUSE LAST	IMMEDIATE CAUSE  (d)	NCE OF:	LENTER ONLY ON PARTIES OF BUT HOT RELATED	E CAUSE PE	R LINI	E FOR (a), (E	(c)), and (c))	AUTOPSY (YES OR MO)	APROXIMATE IN BETWEEN ONSET AN BETWEEN ONSET AN IF YES WERE PINDING: SIDEEED IN DETERMINING OF DEATH 19b.
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST  PART II, OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI ZOG. INJURY AT WORK  PLACE  PART WHICH ISPECIFYI  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI  NO.	DUE TO, OR AS A CONSEQUE  (c)  DOME TO, OR AS A CONSEQUE  (c)  DOMDITIONS: CONDITIONS  DATE OF INJURY (A)  E OF INJURY AT HOME, FAR	MCE OF:  MCE OF:  CONTRIBUTING TO BE	LATH BUT NOT RELATED  HOUR  20c. M	TO CAUSE GIVE	EN IN P	E FOR (a), (E	e), and (c))	AUTOPSY (YES OR NO) 190.	APROXIMATE IN BETWEEN ONSET AN BETWEEN ONSET AN IF YES WERE PINDING: SIDEEED IN DETERMINING OF DEATH 19b.
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST  PART II, OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI ZOG. INJURY AT WORK  PLACE  PART WHICH ISPECIFYI  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI  NO.	IMMEDIATE CAUSE  (a)	MCE OF:  MCE OF:  CONTRIBUTING TO BE	LATH BUT NOT RELATED  HOUR  20c. M.  LOCATION	TO CAUSE GIVE	EN IN P	ART I (a)	e), and (c))	AUTOPSY (YES OR NO) 190.	APROXIMATE IN BETWEEN ONSET AN BETWEEN ONSET AN IF YES WERE PINDING: SIDEEED IN DETERMINING OF DEATH 19b.
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (0). ISTATING THE UNDER LYING CAUSE LAST  PART II. OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI 200. INJURY AT WORK ISPECIFY YES OR MOI 200. PHYSICIAN — CERTIFICATION	DUE TO, OR AS A CONSEQUE  (c)  DUE TO, OR AS A CONSEQUE  (c)  DATE OF INJURY IN  E OF INJURY AT HOME, FAE  E BLOG., ETC. (SPECIFY)	MCE OF:  MCE OF:  CONTRIBUTING TO BE	LATH BUT NOT RELATED  HOUR  20c. M	TO CAUSE GIVE	EN IN P	ART I (a)	e), and (c))	AUTOPSY (YES OR MO) 1971. INJURY IN PART	APROXIMATE IN BETWEEN ONSET AN BETWEEN ONSET AN IF YES WERE PINDING: SIDEEED IN DETERMINING OF DEATH 19b.
CONDITIONS. IF ANY.  WHICH GAVE RISE TO  IMMEDIATE CAUSE (0).  T STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI  200.  INJURY AT WORK ISPECIFY YES OR NOI  200.  PHYSICIAN — CERTIFICATION I ATTENDED THE DECLASED AT THE PLACE, OUT HIS BAIL  ON HIS BAIL ON HIS BAIL ON HIS BAIL  ON HIS BAIL ON HIS BAIL ON HIS BAIL  ON HIS BAIL ON HIS BAIL ON HIS BAIL ON HIS BAIL  ON HIS BAIL ON HIS B	DUE TO, OR AS A CONSEQUE  (c)  DUE TO, OR AS A CONSEQUE  (c)  DATE OF INJURY IN  E OF INJURY AT HOME, FA  E BLOG., ETC. (SPECIFY)  AND DEATH OCCURRED  THE AND, TO THE BEST OF	MCE OF:  LALE  CONTRIBUTING TO DE  AONTH, DAY, YEAR)  JEM, STREET, FACTORY	LATH BUT NOT RELATED  HOUR  20c. M.  LOCATION	TO CAUSE GIVE	EN IN P	ART I (a)  CURRED CENTER	e), and (c))	AUTOPSY (YES OR MO) 1971. INJURY IN PART	APROXIMATE IN SETWEEN ONSET AN SETWEEN ONSET AN IF YES WERE PINDING: SIDERED IN DETERMINING OF DEATH 19b. I OR PART II, ITEM 18)
CONDITIONS. IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (g) STATING THE UNDER LYING CAUSE LAST CORUMN TO THE WHICH CAUSE LAST CORUMN TO THE WAR CAUSE CAUSE CORUMN TO THE WAR CAUSE	DUE TO, OR AS A CONSEQUE (c)  DATE OF INJURY OR  DATE OF INJURY OR  E OF INJURY AT HOME, FAR  E BLOG., ETC. (SPECIFT)  AND DEATH OCCURRED  THE CAUSE(S) STATED.	NCE OF:  ACE OF:  CONTRIBUTING TO BE  AONTH, DAY, YEAR!  SIGNATURE	LATH BUT NOT RELATED  HOUR  20c. M.  LOCATION	TO CAUSE GIVE	EN IN P	ART I (a)  CURRED CENTER	e), and (c))	AUTOPSY (YES OR NO) 190. INJURY IN PART ATE) DATE SIGNED 21b. / O	STWEEN ONSET AND STREET ON SET AND SET
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (g), STATING THE UNDER LYING CAUSE LAST  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFY ZOG.  INJURY AT WORK ISPECIFY YES OR MOI OFFICE AT THE PLACE, OUT HE DECASES AT THE PLACE OF THE PLACE  THE PLACE OF THE PLACE OF THE PLACE AT THE PLACE OF THE PLACE AT THE PLACE OF THE PLACE OF THE PLACE AT THE PLACE OF THE PLACE	DUE TO, OR AS A COMSEQUE  (b)	NCE OF:  NCE OF:  CONTRIBUTING TO DE  AONTH, DAY, YEAR!  RM, STREET, FACTORY  SIGNATURE  SIGNATURE	LATH BUT NOT RELATED  HOUR  20c. M.  LOCATION	TO CAUSE GIVE	EN IN P	ART I (a)  CURRED CENTER	e), and (c))	AUTOPSY (YES OR NO) 190. INJURY IN PART ATE) DATE SIGNED 21b. / O	APROXIMATE IN SETWEEN ONSET AN SETWEEN ONSET AN IF YES WERE PINDING: SIDERED IN DETERMINING OF DEATH 19b. I OR PART II, ITEM 18)
CONDITIONS. IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI  ZOO.  PHYSICIAN — CERTIFICATION I ATTENDED THE DECLASE AT THE PLACE, ON THE BAL AT WOWLEDED, DUE TO  MEDICAL EXAMINER — CERTIFI ON THE BASIS OF THE EAA OR THE INVESTIGATION.	DATE OF INJURY OF THE BOOT AN IN MY OPPOINT OF THE BOOT AN IN MY OPPOINT OF THE BOOT AN IN MY OPPOINT OF THE BOOT AN IN MY OPPOINT.	ACE OF:  CONTRIBUTING TO DE  AONTH, DAY, YEAR)  IRM, STREET, FACTORY  SIGNATURE  SIGNATURE  SIGNATURE	LATH BUT NOT RELATED  HOUR  20c. M.  LOCATION	TO CAUSE GIVE	EN IN P	ART I (a)  CURRED CENTER  F.D. NO., CITY  PEGREE	e), and (c))	AUTOPSY (YES OR NO) 190. INJURY IN PART ATE) DATE SIGNED 21b. / O	STWEEN ONSET AND STREET ON SET AND SET
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST  PART II, OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI  20g. INJURY AT WORK ISPECIFY YES OR MOI  ATTENDED THE DECASED AT THE PLACE, ON THE BAJ AT KNOWLEDGE, DUE TO  MEDICAL EXAMINER — CERTIFI ON THE BAJIS OF THE EAG OR THE INVESTIGATION, CURRED ON THE DATE AND	DATE OF INJURY OF AND BEATH OCCURRED AND BEATH OCCURRED THE CAUSE STATED.	ACE OF:  CONTRIBUTING TO DE  AONTH, DAY, YEAR)  IRM, STREET, FACTORY  SIGNATURE  SIGNATURE  SIGNATURE	ENTER ONLY ON  OPENSION  LATH BUT NOT RELATED  HOUR  20c. M.  LOCATION  20g.	TO CAUSE CHYLL  HOW INJU  ZOd.  GSTREE	R UNI	ART I (a)  CURRED CENTER  F.D. MO., CITY  DEGREE	e NATURE OF	AUTOPSY (YES OR MO) 1992. 1992. 1992. DATE SIGNED DATE SIGNED DATE SIGNED	IF YES WERE PINDING: SIDERED IN DETERMINIO OF DATA! I OR PART II, ITEM 18)
CONDITIONS. IF ANY.  WHICH GAVE RISE TO  IMMEDIATE CAUSE (Q).  STATING THE UNDER  LYING CAUSE LAST  PART II. OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFYI  20g.  INJURY AT WORK ISPECIFY YES OR MOI  20f.  PHYSICIAN — CERTIFICATION I ATTENDED THE DECLASED AT THE PLACE, DUT TO  MY KNOWLEDGE, DUE TO  21g.  MEDICAL EXAMINER — CERTIFI ON THE DALSIS OF THE EXA OR THE INVESTIGATION, I CURRED ON THE DATE AND  CERTIFIER — NAME ITTPE OR  CERTIFIER — NAME IT	DATE OF INJURY OF AND BOATH OCCURRED FLAND, TO THE BOST OF THE BOST OF THE BOST OF THE CAUSE(S) STATE OF THE CAUSE OF THE	ACE OF:  CONTRIBUTING TO DE  AONTH, DAY, YEAR)  IRM, STREET, FACTORY  SIGNATURE  SIGNATURE  SIGNATURE	ENTER ONLY ON  OR BUT  ATH BUT NOT RELATED  HOUR  20c. M  LOCATION  20g.	TO CAUSE CHYL  HOW INJU  20d.  STREET OR 1	R LINI	ART I (q)  CURRED CENTER  F.D. NO., CITY  DEGREE  JITLE	e HATURE OF	AUTOPSY (YES OR NO) 1990. ATE) DATE SIGNED DATE SIGNED 21b. / O DATE SIGNED	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 179b.  I OR PART II, ITEM 18)  I MONTH, DAY, TEAR)  I MONTH, DAY, TEAR)
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFY!  20g.  INJURY AT WORK ISPECIFY YES OR NOI  21 ATTENDED THE DECEASED AT THE PRACE, ON THE DATA AT THE PRACE, ON THE DATA OR THE INVESTIGATION, CURRED ON THE DATE AND CERTIFIER — NAME (TYPE OR 23g. Dr. J. Si.	DATE OF INJURY OF THE CAUSE(S) STANDING THE CAUSE TH	ACE OF:  CONTRIBUTING TO DE  AONTH, DAY, YEAR)  RIM, STREET, FACTORY  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE	ENTER ONLY ON  OR BUT NOT RELATED  HOUR  20c. M  LOCATION  20g.  MAILING ADDRES  23b. City	TO CAUSE GIVE  TO CAU	R UNIT OR R. T.	ART I (a)  CURRED CENTER  DEGREE  ITTLE  TO.	e HATURE OF	AUTOPSY (IYES OR MO) 1990.  INJUST IN PART  ATE)  DATE SIGNED  DATE SIGNED  21b. /O  DATE SIGNED  22b. 100WH  al, Mem	IF YES WERE PINDING: SIDERED IN DETERMINING OF DEATH 1996.  I OR PART II, ITEM IB)  (MONTH, DAY, YEAR)  STATE 38103  phis, Tenn
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFY!  20g.  INJURY AT WORK ISPECIFY YES OR NO!  270.  PHYSICIAN — CERTIFICATION I ATTENDED THE DECEASED AT THE PRACE, ON THE DATA OR THE INVESTIGATION, CURRED ON THE DATE AND  CURRED ON THE DATE AND  CERTIFIER — NAME (TYPE OR  23g. Dr. J. Si.  UURIAL CREMATION, REMOVAL	DATE OF INJURY OF AND BOATH OCCURRED THE AND, TO THE BOST OF THE CAUSE(S) STATE OF THE CAUSE OF	MCE OF:  CONTRIBUTING TO DE  AONTH, DAY, YEAR!  SIGNATURE  SIGNATURE  SIGNATURE  JOAN, YEAR! CEM	ENTER ONLY ON  PROPERTY ON  ATH BUT NOT RELATED  HOUR  20c. M  LOCATION  20g.  MAILING ADDRESS  23b. City  ETERY OR CREMA	TO CAUSE CHYP  HOW INJU  ZOD  S STREET OR I  OF Me: TORY — NAME	R UNITED TO RESTORE TO RESTORE REPORT OF THE RESTORE R	ART I (a)  CURRED CENTER  F.D. MO., CITY  DEGREE  ITTLE  O. DIS HO  DOCATION	E HATURE OF	AUTOPSY (YES OR NO) 1992. INJURY IN PART ATE) DATE SIGNED DATE SIGNED 21b. / O DATE SIGNED 22b. IOWN A1, Mem city or row	IF YES WERE PINDING: SIDERED IN DETERMINING OF DEATH 17 NO. 1 OR PART II, ITEM 18)  (MONTH, DAY, YEAR)  STATE 38103  phis, Tenn
CONDITIONS. IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT C  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ISPECIFY!  20g.  INJURY AT WORK ISPECIFY YES OR NO!  270.  PHYSICIAN — CERTIFICATION I ATTENDED THE DECEASED AT THE PRACE, ON THE DATA OR THE INVESTIGATION, CURRED ON THE DATE AND  CURRED ON THE DATE AND  CERTIFIER — NAME (TYPE OR  23g. Dr. J. Si.  UURIAL CREMATION, REMOVAL	DATE OF INJURY OF AND BOATH OCCURRED THE AND, TO THE BOST OF THE CAUSE(S) STATE OF THE CAUSE OF	MCE OF:  CONTRIBUTING TO DE  AONTH, DAY, YEAR!  SIGNATURE  SIGNATURE  SIGNATURE  JOAN, YEAR! CEM	ENTER ONLY ON  PROPERTY ON  ATH BUT NOT RELATED  HOUR  20c. M  LOCATION  20g.  MAILING ADDRESS  23b. City  ETERY OR CREMA	TO CAUSE GIVE  TO CAU	EN IN P P IN TOR R. TOR	CURRED CENTER  DEGREE  TITLE  TO DOCATION  ILIS HO  ILIS HO  DOCATION  ILIS HO  DOCATION  ILIS HO  DOCATION  ILIS HO  DOCATION  ILIS HO  ILIS	CITY OR SPITE	AUTOPSY (YES OR NO) 1992. INJURY IN PART ATE) DATE SIGNED DATE SIGNED 21b. / O DATE SIGNED 22b. IOWN A1, Mem city or row	IF YES WERE PINDING: SIDERED IN DITERMINIS OF BEATH 19b. I OR PART II, ITEM 18)  STATE 38103 CHONTH, BAY, YEAR STATE 38103 Chis, Tenn M STATA
CONDITIONS. IF ANY.  WHICH GAVE RISE TO  IMMEDIATE CAUSE (9).  STATING THE UNDER  LYING CAUSE LAST  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED ESPECIFY  200.  INJURY AT WORK ESPECIFY TES OR NOI  PHYSICIAN — CERTIFICATION  I ATTENDED THE BASE OF THE BASE AT THE PLACE, ON THE BASE AT THE BASE OF THE BASE OR THE INVESTIGATION, CERTIFIER — NAME ITYME OR  230.  DT. J. SI  BURIAL, CREMATION, REMOVAL	DATE OF INJURY OF AND PORTOR OF THE BOOT AND THE CAUSE STATE  AND BEATH OCCURRED THE MODITION OF THE BOOT AND THE CAUSE STATE  CATION  MINATION OF THE BOOT AND THE CAUSE STATE  DATE CAUSE  DATE CAUSE  STATE  DATE  STATE  DATE  STATE  DATE  STATE  DATE  STATE	NCE OF:  NCE OF:  NCE OF:  NCE OF:  CONTRIBUTING TO BE  ADNTH, DAY, YEAR!  SIGNATURE  SIGNATURE  ND/ OCC.  DAY, YEAR!  CEM.  7 4 24c.  R B.F.D. MO., CITY OIL	MAILING ADDRESS 205. City ETERY OR CREMA Weine  R TOWN, STATE, 217)	TO CAUSE GIVE  TO CAU	EN IN P P IN TOR E. TOR	ART I (a)  CURRED CENTER  F.D. MO., CITY  DEGREE  ITTLE  O. DIS HO  DOCATION	CITY OR SPITE	AUTOPSY (YES OR NO) 1992. INJURY IN PART ATE) DATE SIGNED DATE SIGNED 21b. / O DATE SIGNED 22b. IOWN A1, Mem city or row	IF YES WERE PINDING: SIDERED IN DETERMINING OF DEATH 17 NO. 1 OR PART II, ITEM 18)  (MONTH, DAY, YEAR)  STATE 38103  phis, Tenn

8-11-97 Dear Mis Martin: Subject : Snecht I findly got more information on my dad. Here is a copy of his death Cerificate. I am still in shock as he w. so young (56). A notice That & have at least one half sister (Kathy). On the certificate it said Mother unknown her name was Florence Many Macetera, Please add this to the file on knecht





Robert Ryans dan 10 - Lelia Mae Ryan - Lelia Mae Ryan - Single 4/4 Russell av-QS. Your grandmother & gg all great grandmother & Gg all Sona Kne cht + Chas Ryan

hello Ilfs Else I hope you remember me! My name is Elizabeth Knecht Buaring, Without your help I couldn't make it although my rather n is dead (Melvin Herbert Grecht) I have be gan to do a - family tree on his side. When I complete it of will send you a copy so files.

Your thoughtfulness was greatly appreciated

Thank you again.

